

VBS 2026 Registration

Student Name _____

Nick Name _____ Age _____

Grade as of Fall 2026 _____ Gender _____

Parent Name(s) _____

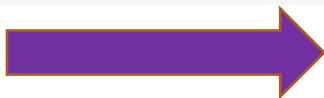
Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Home Church (if applicable) _____

I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.



Flip Over



-----detach here-----



WHEN: July 13-16, 2026

TIME: 9:00am- 12:00pm

**WHERE: St. John Lutheran
Church & School**

164923 County Road Z

Wausau, WI 54403

Phone: 715-842-5212

VBS 2026 Registration

Emergency Contact Name _____

Emergency Contact Phone 1 _____ Phone 2 _____

Relationship _____

Allergies: _____

Medical Issues or Special Needs: _____

I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Please return completed registration forms to the church office, church mailbox #222, or email to ben.seidler@stjohnofwausau.org

-----detach here-----

